

COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT
APPLICATION FOR POWER OF ATTORNEY

☐ Adult ☐ Minor File No: _____ 1st Interview: _____ @ _____

Conflict: ☐ _____

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

_____ Date Of Birth: _____ Age: _____ Sex: _____

Physical Address: _____ Social Security Number: _____

Are you employed? ☐ Yes ☐ No _____ What is your monthly income? _____

**PLEASE COMPLETELY FILL OUT THE NEXT SECTION SO WE CAN DETERMINE IF THERE WILL
BE A CONFLICT**

Are you a Tribal Member of C.R.I.T.? ☐ Yes ☐ No If "No" Please List Tribe: _____

Have you applied for Legal Services before? ☐ Yes ☐ No What type of issue did we help you
with? _____

Please list all the people who were involved in this issue.

Has your spouse applied for Legal Services before? ☐ Yes ☐ No

Please explain the issue.

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ONLY COMPLETE THE NEXT SECTION IF THE POWER OF ATTORNEY IS FOR A MINOR

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

☐ M ☐ F Social Security Number: _____ Relationship to Minor: _____

Is the minor currently in your custody? ☐ Yes ☐ No Is the minor a ward of the Court? ☐ Yes ☐
No

Did you ever have a Power of Attorney with our office or any other, in regards to the Person indicated? ☐
Yes ☐ No

Please list expiration date and for whom it was for.

ONLY COMPLETE THE NEXT SECTION IF THE POWER OF ATTORNEY IS FOR AN ADULT

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

☐ M ☐ F

Social Security Number: _____ Relationship to Adult: _____

Will this Power of Attorney include Financial issues? ☐ Yes ☐ No

If "yes" please list them:

Is the Adult incapacitated? ☐ Yes ☐ No Please explain.

Has a doctor diagnosed the Adult as incapacitated? ☐ Yes ☐ No

COMPLETE THE NEXT SECTION FOR THE PERSON WHO WILL BE GETTING THE POWER OF ATTORNEY IF IT IS NOT YOU

Name: _____ Date of Birth: _____ Age: _____

Sex: ☐ M ☐ F

Social Security Number: _____ Relationship to Adult:

Mailing Address: _____ Present Address:

ALL OF THE INFORMATION I HAVE PROVIDED DURING THE INTERVIEW AND APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, I WILL IMMEDIATELY INFORM CRIT LEGAL AID OF ANY CHANGES.

Applicant's Signature Date

OFFICE USE ONLY

Intake Notes: _____